

Application No. 10/762,964
Filed: January 22, 2004
TC Art Unit: 1618
Confirmation No.: 6339

IN THE CLAIMS

Please amend claim 1 as shown in the Status of the Claims section, infra. No new matter has been added. Additions are underlined and deletions are struckthrough.

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STATUS OF THE CLAIMS

1. (Currently Amended) A solid stool marker formulation which renders stool opaque to radiation in CT colography, said formulation comprising:

barium sulfate; and

a flocculant to flocculate said radio opacifying agent, such that ~~i) if~~ wherein upon dilution of said solid stool marker formulation ~~is diluted to~~ provide 0.5 to 3% w/v barium sulfate, then, from 0 to less than 0.035N ionic dispersants are present; and ~~ii) wherein~~ 0.25 g of said solid stool marker formulation diluted with water to 50ml and titrated against 3.0% w/v ferrous sulfate at pH 5.0-5.5 has a flocculation resistance of less than 5ml.

2. (Original) A solid stool marker formulation according to claim 1 wherein the barium sulfate is administered in an amount less than 7.5g per dose.

3. (Original) A solid stool marker formulation according to claim 1 wherein barium sulfate is present in an amount of 5g per dose.

4. (Original) A solid stool marker formulation according to claim 1 wherein the barium sulfate is present in an amount greater than 1g per dose.

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5. (Original) A solid stool marker formulation according to claim 1 wherein the barium sulfate has a particle size of about 3 microns.

6. (Original) A solid stool marker formulation according to claim 1 wherein the flocculant is smectite clay.

7. (Original) A solid stool marker formulation according to claim 1 further including a viscosity modifier which does not behave as a protective colloid in respect of the material to render stool opaque to radiation.

8. (Original) A solid stool marker formulation according to claim 1 further including an anti-caking agent.

9. (Original) A solid stool marker formulation according to claim 1 further treated with a treatment selected from the group consisting of high shear stirring and sonification prior to administration to a patient.

10. (Original) A solid stool marker formulation according to claim 1 wherein the material to render stool opaque to radiation is present in an amount effective to differentiate stool from non-stool without rendering density or movement induced artefacts in a CT rendering of the stool.

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11. (Original) A solid stool marker formulation according to claim 1 wherein the solid composition comprises (% by weight):

Barium Sulfate	95 %
Smectite Clay	2 %
Xanthan gum	1.5 %
Sodium Citrate	0.10 %
Flavour, Sweetener, Preservatives	q.s.

12. (Original) A method of radiologically visualising the colon of a patient including the steps of:

orally administering to a patient a stool marker formulation according to claim 1 to render the stool opaque to radiation;

radiologically scanning the colon of the patient to produce data; and

manipulating the data to determine that portion of the data due to marked stool, to thereby provide a representation of the colon, including where present, a polyp.

13. (Original) A method according to claim 12 wherein the radiological visualisation is by means of a CT scanner.

14. (Original) A method according to claim 12 wherein the radiological visualisation is by means of a helical scanner.

15. (Original) A method according to claim 12 wherein the manipulation of the data involves subtraction of that portion of the data due to the marked stool, leaving a representation of the colon, including where present, a polyp.

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16. (Original) A method of preparing a patient for a radiological examination including the step of administering to the patient a formulation according to claim 1 to render stool opaque to radiation.

17. (Original) A method according to claim 16 wherein the formulation is administered orally over 24 to 48 hours preceding the radiological examination.

18. (Original) A method according to claim 16 wherein the formulation is administered in four or more dosages over 24 to 48 hours preceding the radiological examination.